



San Benito County Public Health Services Tobacco Education Program

Request for Applications

**Applications Due By:
March 01, 2019 by 5:00PM**

No application received after 5:00 p.m. will be accepted.

San Benito County Public Health Services
351 Tres Pinos Road Suite #A-202
Hollister, CA 95023
Phone: (831) 637-5367
<http://hhsa.cosb.us/publichealth/>

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SECTION I TIMELINE

- | | |
|-----------------------------------|---|
| 1. Publication of RFA | February 1, 2019 |
| 2. RFA Process Meeting (optional) | February 14, 2019 or February 15, 2019 |
| 3. Application Deadline | March 1, 2019 |
| 4. Application Review Meeting | March 6, 2019 |
| 5. Announcement of Awards | March 8, 2019 |
| 6. Appeals Due | March 15, 2019 |
| 7. Required Informational Meeting | March 19, 2019 or March 21, 2019 |
| 8. End of Funded Activity Period | December 31, 2019 |

SECTION II GENERAL INFORMATION

A. Overview

San Benito County Health and Human Services Agency Public Health Services, is requesting applications from qualified consultants/contractors to provide professional project management, leadership and technical service for Public Health Services Tobacco Education Program's 2017 – 2021 Work Plan.

During the procurement process **San Benito County Public Health Services Tobacco Education Program** staff will provide technical assistance throughout the existence of the grant.

B. Amount Available/Term of Agreement

The amount available through this process is not to exceed \$10,000.00. The full possible contract term is up to ten months. This application is not a contract for employment or hire and the final terms of the proposed contract are subject to review and approval by the San Benito County Board of Supervisors.

C. Background

In November 1988, Californians approved Proposition 99, a 25-cent tax on cigarettes, the catalyst for one of the world's most successful public health efforts. The Tobacco Tax and Health Protection Act (Proposition 99) dedicated 5 cents of the 25-cent tax to fund California's tobacco control efforts.

Almost three decades after Proposition 99's passage, in November 2016, Californians voted for Proposition 56, a ballot initiative to raise the tax on tobacco products as a way to prevent youth from smoking and fight the impact of tobacco on our state's residents. The California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) increased the state's tobacco tax by \$2 per pack and an equivalent amount on e-cigarettes and other tobacco products. Both initiatives provide funding for local health departments and community organizations, a media campaign, tobacco-related evaluation and surveillance, and school-based prevention programs.

San Benito County Public Health Services' Tobacco Education Program is a program that receives funding from both Proposition 99 and Proposition 56. The Tobacco Education Program has three work plan objectives that focus on the following areas: flavored tobacco, secondhand tobacco smoke, and youth engagement in tobacco control.

1. Objective 1: At least one jurisdiction in San Benito County (i.e. Hollister) will amend the local tobacco retail license to include the prohibition of the sale and distribution of all flavored tobacco products, including flavored electronic smoking device (ESD) products.
2. Objective 2: at least one jurisdiction in San Benito County (i.e. Hollister, San Juan Bautista) will adopt a policy prohibiting smoking at outdoor dining, and one or more of the following outdoor public places: entryways, recreational areas, public events, service areas, worksites, and/or sidewalks.
3. Objective 3: At least 2 or more youth coalition members will be recruited annually and maintained by the Local Lead Agency (LLA) staff and trained annually to participate in at least two tobacco control activities such as meeting with and educating community leaders, letter writing, data collection and/or media activities.

SECTION III REQUIREMENTS

The Tobacco Education Program is offering to fund various Requests for Applications (RFAs) that address one or more of the following priority areas.

Applying agency/organization can submit more than one application.

A. Priorities Areas

- a. Youth Engagement in tobacco control
- b. Tobacco Policy
- c. Community Outreach and Education
- d. Community Engagement

B. Characteristics of Applying Agencies/Organizations

- a. The applying agency/organization has a 501(c)(3)
- b. The applying agency/organization is culturally and linguistically appropriate (targeted to the primary intended beneficiaries in a community)
- c. The applying agency/organization is coordinated (avoids duplication of services; information sharing and referrals among agencies, especially with schools)

C. Funding Restrictions

Funded Services – Requested funds are to serve San Benito County residents and their families.

No Supplanting – San Benito County Public Health Services prohibits grant funds from being used to replace existing funding (supplanting). Funds may be used to enhance existing projects or create new projects or services.

Proposed activities are NOT supplanting if:

- a. This is a new project for your agency
- b. You are adding additional clients (new project population or higher number of clients).
- c. You are enhancing an existing project (adding a component)
- d. Funded staff positions do not replace existing staff positions.

Indirect Expenses – An Indirect cost line may be included. Allowable expenses in the indirect line item are: bookkeeping, payroll/finance, facilities maintenance, fiscal sponsor costs, insurance, rent, storage, utilities and some personnel costs (Executive Director's time or other administrative positions).

SECTION IV APPLICATION PROCESS

A. *Publication of RFA and RFA Process Meeting*

An optional meeting explaining the application process will be held after the RFA has been published and before the application deadline. There will be two opportunities to attend the meeting, on February 14, 2019 or February 15, 2019.

B. *Inquiries*

Direct all inquiries regarding the application process or supplication submission to:

| Name | Phone | E-mail |
|----------------|--------------|-------------------|
| Laura Calderon | 831-637-5367 | lcalderon@cosb.us |
| Elaine Narciso | 831-637-5367 | enarciso@cosb.us |

The Tobacco Education Program office phone number is (831) 637-5367. The hours of operation are 8:00 am to 5:00 pm, Monday through Friday. Public Health Services is closed on weekends and holidays. **Staff will not be available for consultation during this time.**

C. *Submission/Due Date*

Application Due Date

All applications must be received in hard copy by 5:00pm on Friday, March 1, 2019. All applications must be mailed or hand delivered. Applications will be accepted at the following address:

Cynthia Larca
Deputy Director Administration and Financial Services
San Benito County Health and Human Services Agency
1111 San Felipe Road, Suite 103
Hollister, CA 95023
831-634-4908
clarca@cosb.us

General Information

- a. Prime Responsibility: The selected consultant/contractor(s) will be required to assume full responsibility for all services and activities offered in its/their application(s), whether or not provided directly. Further, the County will consider the selected consultant/contractor(s) to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.
- b. Assurance: Any contract awarded under this RFA must be carried out in full compliance with Title VI and VII of the Civil Rights Act of 1964 as amended, and Section 504 of the Rehabilitation Act of 1973 as amended. The contractor must guarantee that services provided will be performed in compliance with all applicable county, state and federal laws and regulations pertinent to this project. Prior to executing an agreement the Provider will be required to provide evidence substantiating the necessary skill to perform the duties through the submission of references.
- c. If this contract involves protected health information: Any contract awarded under this RFA must comply with the requirement of 42 U.S.C. §§ 1171 et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its subsequent amendments, related to Protected Health Information (PHI), in performing any task or activity related to this Agreement.

- d. Independent Contractor: In performance of the work, duties and obligations assumed by the offeror, it is mutually understood and agreed that the offeror, including any and all of the offeror's officers, agents and employees, will at all times be acting and performing in an independent capacity and not as an officer, agent, servant, employee, joint venture, partner or associate of the County.
- e. San Benito County prohibits discrimination in employment or in the provision of services because of race, color, religion, religious creed, sex, age, marital status, ancestry, national origin, political affiliation, physical disability or medical condition. This clause does not require the hiring of unqualified persons.
- f. Rights and Appeals: The County reserves the right to reject any and all applications, to negotiate specific terms, conditions, compensation, and provisions on any contracts that may arise from this solicitation; to waive any informalities or irregularities in the applications; and to accept the application(s) that appear(s) to be in the best interest of the County of San Benito. In determining and evaluating the applications, costs will not necessarily be controlling; the experience of those who will be providing services under the contract, quality, equality, efficiency, utility, suitability of the services offered, and reputation of applicants will be considered, along with other relevant factors.
- g. Qualified offerors must be prepared to enter into the County's standard Personal Services Contract, a sample of which is attached as Appendix 1 to this RFA. Please review the details of all appendices and attachments carefully. By reference, they incorporate many standards, terms and conditions required as part of this RFA. The County intends to award contracts substantially in the form of the sample agreement to the selected offeror(s). Portions of this RFA and the offeror's application may be made part of any resultant contract and incorporated in the Contract.
- h. Prior to commencement of services, the consultant/contractor must provide evidence of the following insurance coverages: Worker's Compensation, Commercial General Liability, Comprehensive Business or Commercial Automobile Liability for Owned Automobiles and Non-owned /Hired Automobiles, and may also be required to provide Errors and Omissions insurance, Professional Liability or Malpractice Insurance depending on the nature and risks associated with the services provided. The consultant/contractor will be required to maintain the required coverages, at its sole cost and expense, throughout the entire term.
- i. Proprietary Information: Trade secrets or similar proprietary data that the prospective consultant/contractor does not wish disclosed to other than personnel involved in the proposal evaluation effort or post-award contract administration will be kept confidential to the extent permitted by law as follows. Each page alleged to contain proprietary information shall be identified by the prospective contractor in boldface text at the top and bottom as "PROPRIETARY." Any section of the proposal that is requested to remain confidential shall also be so marked in boldface text on the title page of that section. Despite what is labeled as confidential, proprietary, or trade secret, the determination as to whether or not certain material is confidential, proprietary or trade secret shall be determined in accordance with applicable law. If a prospective contractor designates any information in its proposal as proprietary pursuant to this provision, the prospective contractor must also submit one copy of the proposal from which the proprietary information has been excised. The proprietary material shall be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the content of the proposal as possible.

D. Appeals

If any agency submits an application and it is not recommended during the review process, and the agency can show that the application did not receive due consideration or that other substantial irregularities existed, the agency may appeal the recommendation. The appeal must be in writing, signed

by the authorized organizational representative and on bidder letterhead, and must be received by the San Benito County to the attention of Cynthia Larca no later than seven (7) days after the denial notification. Appeals after the established time frame will not be accepted. The review shall be limited to information provided in writing. The written appeal must contain:

- The full name, address, and telephone number of the appealing party;
- A brief statement of the reasons for appeal, including citations to the RFA and other pertinent documents;
- A statement of the relief sought.
- Appeals regarding the Agency decision for non-approval of a proposal must be submitted in writing to Cynthia Larca. (Contact information listed on page 6)

E. Notification of Awards

Successful applicants will be notified of the award within 5 working days of the Tobacco Education Program's Selection meeting to be held on March 6, 2019.

F. Required Meetings

- a. After notification of award, the funded agency/organization is required to attend an informational meeting on tobacco control. The agencies/organizations will be contacted with the details of this meeting.
- b. The funded agency/organization will meet with the Tobacco Education Program Staff at least two times during their funding timeframe.
- c. The funded agency/organization is also required to conduct a five to ten minute presentation at a San Benito County Wellness Coalition on the work conducted through the funding.

SECTION V APPLICATION REVIEW CRITERIA

A. General Information

The following steps will be followed in reviewing and evaluating submitted applications:

Step I. Cynthia Larca will receive the applications and determine:

1. If the applications were received prior to 5:00PM on March 1, 2019.
2. If applications contained all the required forms and documentation set forth in application guidelines.

Step II. Cynthia Larca will forward the applications to the Tobacco Education Program's Project Selection committee. Staff will evaluate the applications as follows:

1. The Tobacco Education Program's Project Selection committee will determine which submissions are responsive to the identified needs and desired outcomes included in the requirements statements listed in this application.
2. The Tobacco Education Program's Project Selection committee will then assess the financial and programmatic strength of the applicants to ensure that they have the capacity to provide said services. If more than one submission for the provision of the same service in the same location is received, selection shall be based on submissions most advantageous to San Benito County and the community.

Step III. Remaining applications will be read by at least three individuals and scored according to the application criteria rubric.

B. Application Criteria

Concept and Fit: (20)

- The project description fits well with the San Benito County Tobacco Education Program's goals and outcomes.

Adherence to Requirements Section: (20)

- The project addresses the Essential Program Characteristics and Priority Areas in a clear, realistic manner.

Quality of Project Design: (30)

- The project is well designed with realistic implementation strategies and timelines.

Organizational Capacity and Leadership: (10)

- Organizational Track Record – if an existing organization has a good track record of responsiveness to community need and organizational/administrative effectiveness, and demonstrated success in meeting proposed outcomes.
- Leadership – the applicant has active leaders who encourage capacity building and sustainability.

Finances and Budget: (20)

- Financial Sustainability – the applicant has described a viable Sustainability Plan
- Realistic Budget – the applicant has provided an itemized budget that includes realistic costs and timing for program design, participatory approaches, evaluation planning and implementation, sustainability planning, and strategic planning.
- Financial Viability – the requested financial documentation demonstrates good financial status.

Applications must receive a score of 70 or higher to be considered for funding.

APPENDIX A – GRANT APPLICATION GUIDELINES & CHECKLIST

GUIDELINES

The application has been developed with the intention of streamlining the application process. Budget and Scope of Work examples are given to assist applicants in correctly completing the forms.

WHAT IS THE PURPOSE OF THE GRANT APPLICATION FORMAT?

This process is designed to benefit both applicants and the Tobacco Education Project's Selection committee in carefully designing projects that will meet the needs of our community. It is not simply a form to be filled in; it is a format to be used as an outline for organizing and writing your application.

HOW SHOULD YOU USE THE GRANT APPLICATION FORMAT?

Read this entire document before you begin. Ask questions for clarity if needed. Pay attention to the instructions for preparations that follow. You may duplicate the forms if necessary or request that an electronic copy be sent to you.

HOW SHOULD YOU START?

Know your purpose. Clarify your organization's priorities and purpose in seeking funds. Describe the specific responsibilities. Thoroughly read the application document and review the Tobacco Education Program's work plan objectives to ensure there is a good fit between your organization's services and the priority areas listed under Section III Requirements. The application paperwork is available on the San Benito County Public Health Services website at <http://hhsa.cosb.us/publichealth/>.

Application Checklist

Your grant application packet should include all items listed on this Grant Application Checklist and should be separately enclosed in your application. Please **do not type answers on this checklist**. Please indicate the items enclosed by marking the corresponding box. Submit **one unbound original and 3 copies** of the completed Grant Application packet (8 ½ x 11" white paper).

I. General Information

A. Application Components

- This completed Grant Application Checklist
- A completed Cover Sheet (1 page), Appendix B
- A completed Narrative (1-2 pages) to include
 - A. Introduction & Organizational Background of lead agency (see next page)
 - B. Description of Request (see next Page)
- Scope of Work, Appendix D
- Budget , Appendix F
- Budget Narrative*

A sample of the budget forms is provided in Appendix F. The budget and narrative must be in compliance with the ***San Benito County Public Health Services*** Fiscal Guidelines found in Appendix E.

B. Organizational & Financial Information

- Related demographic information
- Staff roster with name and title of those taking part in this RFA
- Organization Chart
- A copy of your IRS 501(c)(3) letter and State Exemption Letter that confirms current nonprofit status

C. Finances

- A detailed organization current annual budget (for the year reflected in the grant request), showing both income and expenses.
- Most recent, completed full year organizational financial statements: 1) Balance Sheet or Statement of Financial Position; and 2) Profit & Loss Statement or a Statement of Activities.
- Most recent audited financial statements, including management letter.
- Current year-to-date organizational financial statements: 1) Balance Sheet or Statement of Financial Position; and 2) Profit & Loss Statement or Statement of Activities.

TIP – *Follow the budget and financial instructions carefully and include all information requested.*

D. Other

- Please submit a letter outlining all the insurance and current policy limits that your organization maintains.

II. Narrative (1 - 2 pages addressing the items in Part A and B below)

A. Introduction and Background of Organization (incorporating the following points):

Please describe the organization.

- Briefly describe the agency's organization's history and major accomplishments. Please describe at least one similar project in which you have demonstrated achieving successful outcomes.
- Describe your organizations long range program and financial plans.
- Describe your current programs and activities.
- Who is your constituency (be specific about demographics such as race, gender, ethnicity, age, sexual orientation and people with disabilities)? How are they actively involved in your work and how do they benefit from this program and/or your organization?

TIP - Be clear and succinct.

B. Describe Your Request (incorporating the following points):

- Provide a brief comprehensive statement describing the project you would like funded.
- What activities/strategies are involved in your project?
- What vision and expected outcomes will your project address.
- How does your project meet the Characteristics of Applying Agencies/Organizations listed in Section III?
- How does your project meet the Priority Areas?
- Describe why you decided to pursue this project and whether it is new or an expansion of an existing program.
- Review the Application Criteria to ensure your completed application meets the criteria.

TIP - Set measurable goals.

III. Reminders for Applicants

- Send one unbound original and 3 complete copies of your application.
- Use standard typeface no smaller than 11 points. Use 1" margins. Single spaced
- Use 8 ½ x 11" white paper only. Print your application single-sided.
- Do not bind your application or put your application in a presentation folder.
- Clip the original application together with a single clip. Do not staple any portion of the original application. Copies may be stapled.
- Faxed applications are not accepted**

APPENDIX B – COVER SHEET

Please provide the information requested on this form. Please do not type “see attached” on any item. You may print this form on your computer, or type directly on the form. Please **clip the original application together with a single clip.**

A. ORGANIZATION AND PROGRAM/PROGRAM INFORMATION

1. Lead Agency legal organization name:

2. Year organization was founded:

3. Tax exempt status:

501 (c) (3) nonprofit

California State Attorney General Registration #: _____
(same # as Franchise Tax Board #)

Other status: _____

4. Lead Agency organization address:

5. Telephone:

6. Fax:

7. Organization website:

8. Executive Director or principal officer:

9. Email:

10. Contact for this application:

11. Daytime telephone:

12. Mailing address, if different from above:

13. Total Amount requested: _____

16. Period funding will cover:

(Please note: Maximum ten month grant period between March 2019 and December 2019)

17. Project/Project Title:

18. Total Project budget for year:

19. Total organizational budget (current year):

20. Summary of the organization's mission (two to three sentences):

21 Summary of the project or funding request (two to three sentences):

22. Fiscal Year Ending Date:

B. ORGANIZATION AGREEMENT and SIGNATURE

The organization hereby agrees that funds, if granted, will be used only for the purpose described.

Organization warrants that no funds requested shall be used to supplant existing funds from any sources for any purpose.

Signature of authorized representative

Print Name and Title

Date

APPENDIX C – EXAMPLES

*The following charts provide examples of ways grant funds could be used but use of funds is not limited to these examples.

TOBACCO EDUCATION PROGRAM OUTCOMES EVALUATION PLAN 2018-2019

Agency: San Benito County Public Health Services

Program: Tobacco Education Program

| Flavored Tobacco/ESD and other emerging tobacco products | Secondhand Smoke | Youth Engagement in Tobacco Control |
|--|---|---|
| <p>By June 30, XXXX, at least one jurisdiction in San Benito County (i.e. Hollister) will amend the local tobacco retail license to include the prohibition of the sale and distribution of all flavored tobacco products, including flavored electronic smoking device (ESD) products.</p> | <p>By June 30, XXXX, at least one jurisdiction in San Benito County (i.e. Hollister, San Juan Bautista) will adopt a policy prohibiting smoking at outdoor dining, and one or more of the following outdoor public places: entryways, recreational areas, public events, service areas, worksites, and/or sidewalks.</p> | <p>By June 30, XXXX, at least 2 or more youth coalition members will be recruited annually and maintained by the Local Lead Agency (LLA) staff and trained annually to participate in at least two tobacco control activities such as meeting with and educating community leaders, letter writing, data collection and/or media activities.</p> |

| Flavored Tobacco/ESD and other emerging tobacco products Activity/Strategy Examples | Secondhand Smoke Activity/Strategy Examples | Youth Engagement in Tobacco Control Activity/Strategy Examples |
|---|--|---|
| <ol style="list-style-type: none"> 1. Conduct three to four flavored tobacco/ESD and other emerging tobacco products presentations 2. Conduct five to six Dangers of Tobacco presentations 3. Conduct three to four Secondhand Smoke presentations 4. Participate in two to three community outreach events (i.e. Farmers Market, Kids at the Park, health fairs, etc.) 5. Post 15-20 social media posts on flavored tobacco, ESDs and other emerging tobacco products | <ol style="list-style-type: none"> 6. Post 10-15 social media posts on secondhand smoke from flavored tobacco ESDs and other 7. Participate in the Healthy Stores for a Healthy Community (HSHS) survey of all stores in San Benito County 8. Conduct a tobacco litter clean-up 9. Conduct a PhotoVoice Project (Photovoice is a community art project which uses photography to describe the strengths, weaknesses, and overall health of a community.) | <ol style="list-style-type: none"> 10. Participate in a city council meeting 11. Train youth to conduct tobacco education presentations 12. Coordinate a Youth Leadership Summit for local youth |

APPENDIX D – SCOPE OF WORK GUIDELINES

San Benito County Tobacco Education Program Scope of work Guidelines

Purpose: The Scope of work form should provide an overview of the strategies, activities, timelines, etc. that you will use to administer your project.

Agency: Please submit a Scope of Work (SOW) form for the Lead Agency.

Program: Please list the specific Project you would like funded.

Date: Enter date you completed the form. Sometimes upon proposal review a Scope of Work Revision is requested. Having a submission date on the form allows clarity in determining if a SOW is the most recent.

Priority Area: Please select a Priority Area from those listed in Section III Requirements.

Strategies: Please list the overall approach you will take to achieve the identified Priority Area.

Major Activities: Please list each activity you will take to accomplish the identified strategy. Each activity should designate what will be done and how often it will take place.

Timeline: Be as specific as possible.

Outcomes/Deliverables: Please list the deliverable or outcome that will come about as a result of the activity listed. Deliverable are different than outcomes. A brochure is a deliverable – the knowledge a parent gains from reviewing the information in the brochure is an outcome.

EXAMPLE SCOPE OF WORK

Agency: Public Health Services
Program: Tobacco Education Program
Date: October 11, 2018

Priority Area: Youth Engagement in Tobacco Control

| Strategies | Major Activities | Timeline | Project Deliverables |
|---|--|-------------------------------|--|
| Example 1. Train interested youth to conduct tobacco presentations (Train the Trainer) | 1.1 Agency/Organization staff will present at after school programs and organizations that serve local youth. 1.2 From these presentations, staff will identify interested youth to conduct peer-to-peer education. 1.3 Agency/organization will foster youth's presentation skills 1.4 Agency/organization will set up presentations for youth to conduct. | February 2019 – July 2019 | Presentation Log |
| Example 2. Youth Leadership Summit | 2.1 Agency/Organization will develop a Youth Board 2.2 Agency/Organization will foster leadership skills 2.3 Youth Board will facilitate the development of the summit with the agency/organization overseeing the process | February 2019 – December 2019 | Promotional flyer for Summit Summit Agenda Participation Log |

Priority Area: Community Engagement

| Strategies | Major Activities | Timeline | Project Deliverables |
|--------------------------------------|--|---------------------------|----------------------|
| Example 3. PhotoVoice Project | 3.1 Agency/Organization will narrow down topic to be addressed and the community it will involve 3.2 Agency/Organization will recruit people to participate in project 3.3 Host exhibit displaying final project | February 2019 – July 2019 | Exhibit Flyer |

SCOPE OF WORK

Agency: _____
Program: _____
Date: _____

Priority Area:

| Strategies | Major Activities | Timeline | Project Deliverables |
|------------|------------------|----------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

APPENDIX E – FISCAL GUIDELINES

San Benito County Tobacco Education Program Fiscal Guidelines for Funded Agencies

San Benito County Tobacco Education Program reserves the right to update and revise the Fiscal Guidelines as needed.

A. **Project Budget:**

A complete project budget includes personnel, wages, benefits program expenses, project support expenses and indirect costs. The entire project cost is required even if only requesting a portion of the cost. Include these other costs in the In-Kind and Matching Funds columns.

San Benito County Tobacco Education Program reserves the right to request the entire agency's budget when the agency pays for a portion of the project.

Project Personnel and Project Expenses are identified as expenses involved in directly providing services to San Benito County residents.

Project Support Expenses are identified as those costs that support the project provided, but are not explicitly part of the project. Following are some examples:

- Rent for portion of building where services are provided
- Insurance on vehicle used for the project
- Printing/copying of pamphlets distributed to parents

These types of expenses will require agencies to justify the formula used to calculate the project support expenses. Specific justification must be included in the budget narrative and expenses must be specifically linked to the Scope of Work.

Administrative/Indirect costs are identified as expenses that cannot be readily assigned to one specific program or are purely administrative functions.

- The Indirect cost rate is a formally calculated rate that establishes the percent allocable to the program for administrative and overhead costs.
- The indirect cost rate is capped at 10% of personnel costs.

The following line items are defined in Federal OMB (Office of Management and Budget) Circulars as administrative expenses. The portion of these expenses that are specifically linked to the provision of project services can be included as project support expenses with clear justification (see *Project Support Expenses* above):

- Rent and utilities
- Telephone/Internet
- Postage
- Printing/Copying

- Vehicle Equipment Lease
- Vehicle Maintenance/Repair
- Insurance

Following are some examples of line items/costs generally defined as indirect costs:

- Management staff, supervisory staff and/or clerical staff that are not directly related to the project, bookkeeper/accountant, operations manager salary and benefits
- Office equipment lease
- Office maintenance and repairs
- Legal, etc.

C. In-Kind Contributions:

“In-kind” contributions are defined as donated goods and services (from your agency or others) that represent cost savings to your program in lieu of cash donations. Following are some examples:

- Donated staff time
- Donated space rental
- Donated telephone, etc.

San Benito County Tobacco Education Program will not reimburse for the loss of any In-Kind Contributions.

D. Narrative (Budget/Line Item):

Include an explanation and rationale (justification) for costs identified in the line item budget. Provide an explanation of Matching and/or Other Funds and In-Kind Contributions (i.e. who/where funds come from). List what is covered in the Benefits and in the Indirect Cost line items. **Budget narratives must relate directly to the “Project Budget” and ALL project expenses must be specifically linked to the Scope of Work.**

E. Errors and Adjustments:

All forms (Project Budget and Narratives, Request for Payments, Expenditure Reports, Budget Line Item Revision Requests and Revised Program Budgets) submitted without complete information or appropriate signatures will not be approved. Reimbursement funds cannot be provided until accurate paperwork has been received

Example Budget Narrative

The following Budget Narrative is an **example**.

Organization Name: San Benito County Public Health Services
Program Name: Tobacco Education Program

BUDGET NARRATIVE

| PROGRAM PERSONNEL | |
|-------------------|--|
| Case Manager | The Case Manager will provide screening and assessment services for behavior health needs of parents and caregivers. Will also make referrals to other agencies as necessary. Other funding of \$29,000 will be received from The California Wellness Foundation. This position is budgeted for the Total Program at 1 FTE for twelve months, \$50,000 (12 months @ \$4166.67/mo) and for a requested amount of \$21,000. |
| Parent Educator | The Parent Educator will be responsible for facilitating “Early Brain Development” group workshops, client recruitment, and intake, conducting process and outcome evaluation activities, and making referrals to other agencies as necessary. Other funding of \$5,000 will be received from The Children’s Miracle Network. (.50 x \$3,000/month x 12 = \$18,000) This position is budgeted at (.50 FTE) for twelve months at an amount requested of \$13,000. |

| OPERATING EXPENSES | |
|------------------------------|--|
| Travel | Mileage reimbursement for the Case Manager to make home visits and attend parent workshops. Parent Educator travel to various areas in San Benito to hold group workshops. Tracked and billed to grant as used. Estimated at 512 miles/month x 12 x .485/mile = \$2,979. |
| Training | Includes estimated cost for travel and registration for Case Manager and Parent Educator to attend conference on “Children’s Early Brain Development”. Budgeted amount requested of \$1,000. |
| Program Materials & Supplies | Paper for flyers and brochures. Reference materials and literature (English and Spanish) provided at group meetings. Tracked and billed to grant as used. Estimated at \$50/month x 12 = \$600. |

Example Budget Narrative (Continued)

| OPERATING EXPENSES | |
|---------------------------|--|
| Rent & Utilities | Reflects the cost of office space, utilities and building maintenance. (\$15,000/year/5 FTE's = \$3,000 x 2.00 FTE's = \$6,000) Budgeted amount requested is \$3,000. Other Funding of \$3000 is covered by the San Benito Dept. of Social Services. |
| Telephone | Recruitment and follow-up calls to public, parents and caregivers. (\$1,200/year/5 FTE's = \$240 x 2.00 FTE's = \$480) Budgeted amount requested is \$480. |
| Postage | Brochure distribution and follow-up referral. (\$240/year/5 FTE's = \$48 x 2.00 FTE's = \$96) Budgeted amount requested is \$96. |
| Printing/Copying | Outside printing costs for flyers and brochures. (\$500/year/5 FTE's = \$100 x 2.00 FTE's = \$200) Budgeted amount requested is \$200. |

| INDIRECT EXPENSE | |
|-------------------------|---|
| Admin/Indirect Expenses | Indirect expenses are the General Fund expenses of general management that are organizational wide. Indirect expense consists of expenditures for administrative activities that are not readily identifiable to a particular goal but are necessary for the general operation of the agency. Included in this line item are such costs as; accounting, budgeting, payroll preparation, personnel management, purchasing, legal, audit cost, computer systems management, and oversight by the Executive Director. |

BUDGET NARRATIVE

Organization Name: _____

Program Name: _____

| PROGRAM PERSONNEL | |
|--------------------------|--|
| | |
| | |
| | |
| | |

| OPERATING EXPENSES | |
|---------------------------|--|
| | |
| | |
| | |
| | |
| | |

| INDIRECT EXPENSE | |
|-------------------------|--|
| | |
| | |

APPENDIX F – Budget Example

Budget Request Form

(Use this form in preparing proposal budgets. All items must be addressed in the order provided on this form.)

March 1, 2019 – December 31, 2019

I. PERSONNEL

| Position Title | Salary Range | *FTE | Total Annual Program Cost | In-Kind Contributions | Matching And Other | Amount Requested |
|--|---------------|-------|------------------------------|--------------------------|-----------------------|---------------------|
| A. Case Worker | \$25K - \$35K | 0.8 | 25,000 | 5,000 | 10,000 | + 10,000 |
| B. Coordinator | \$40K - \$60K | 0.5 | 30,000 | 5,000 | 15,000 | + 10,000 |
| C. _____ | _____ | _____ | _____ | _____ | _____ | + |
| D. _____ | _____ | _____ | _____ | _____ | _____ | + |
| E. _____ | _____ | _____ | _____ | _____ | _____ | + |
| F. _____ | _____ | _____ | _____ | _____ | _____ | + |
| <i>Total Salaries</i> | | | 55,000 | 10,000 | 25,000 | = 20,000 |
| Benefits @ <u>10</u> % of Salaries | | | 5,500 | 1,000 | 0 | + 2,000 |
| <i>Subtotal Personnel Expenses</i> | | | 60,500 | 11,000 | 25,000 | = 22,000 |

II. OPERATING EXPENSES

| | | | | | | | |
|--|-------|-------|-------|--------|--------|--------|----------|
| A. Rent and Utilities | _____ | _____ | _____ | 0 | | | |
| B. Supplies and Materials | 800 | 50 | 150 | 600 | | | |
| C. Telephone/Communication | 500 | 0 | 0 | 500 | | | |
| D. Postage/Mailing | 200 | 50 | 50 | 1000 | | | |
| E. Reproduction/Copying | _____ | _____ | _____ | 0 | | | |
| F. Printing | 600 | 100 | 100 | 0 | | | |
| G. Equipment Purchase | 300 | 0 | 100 | 400 | | | |
| H. Travel | 200 | 0 | 200 | 200 | | | |
| I. Training/Conferences | _____ | _____ | _____ | 0 | | | |
| J. Consultants/Subcontractors | _____ | _____ | _____ | 0 | | | |
| K. Evaluation | _____ | _____ | _____ | 0 | | | |
| L. Equipment Purchase | _____ | _____ | _____ | 0 | | | |
| M. Other <u>Program Snacks</u> | 200 | 0 | 100 | 100 | | | |
| <i>Subtotal Operating Expenses</i> | | | | 2,800 | 200 | 700 | = 1,900 |
| <i>Subtotal Personnel and Operating Expenses</i> | | | | 63,300 | 11,200 | 25,700 | = 23,900 |

III. INDIRECT**

| | | | | | | | |
|---|---------|-----|-------|--------|--------|--------|-----------|
| (Not to Exceed <u>5</u> % of Personnel) | + 3,025 | 550 | 1,250 | 1,100 | | | |
| <i>Grand Total (I, II & III)</i> | | | | 66,325 | 11,750 | 26,950 | \$ 25,000 |

* FTE = Full-Time Equivalent

** Indirect Costs CANNOT Exceed 10% of Personnel Expenses

APPENDIX F – Budget

BUDGET REQUEST FORM

(Use this form in preparing proposal budgets. All items must be addressed in the order provided on this form.)

[Month] [Day], [Year] – [Month] [Day], [2019]

I. PERSONNEL

| Position Title | Salary Range | *FTE | Total Annual Program Cost | In-Kind Contributions | Matching And Other | Amount Requested |
|------------------------------------|--------------|-------|---------------------------|-----------------------|--------------------|------------------|
| A. _____ | _____ | _____ | _____ | _____ | _____ | + _____ |
| B. _____ | _____ | _____ | _____ | _____ | _____ | + _____ |
| C. _____ | _____ | _____ | _____ | _____ | _____ | + _____ |
| D. _____ | _____ | _____ | _____ | _____ | _____ | + _____ |
| E. _____ | _____ | _____ | _____ | _____ | _____ | + _____ |
| F. _____ | _____ | _____ | _____ | _____ | _____ | + _____ |
| <i>Total Salaries</i> | | | _____ | _____ | _____ | = _____ |
| Benefits @ _____ % of Salaries | | | _____ | _____ | _____ | + _____ |
| <i>Subtotal Personnel Expenses</i> | | | _____ | _____ | _____ | = _____ |

II. OPERATING EXPENSES

| | | | |
|--|-------|-------|---------------|
| A. Rent and Utilities | _____ | _____ | _____ |
| B. Supplies and Materials | _____ | _____ | _____ |
| C. Telephone/Communication | _____ | _____ | _____ |
| D. Postage/Mailing | _____ | _____ | _____ |
| E. Reproduction/Copying | _____ | _____ | _____ |
| F. Printing | _____ | _____ | _____ |
| G. Equipment Purchase | _____ | _____ | _____ |
| H. Travel | _____ | _____ | _____ |
| I. Training/Conferences | _____ | _____ | _____ |
| J. Consultants/Subcontractors | _____ | _____ | _____ |
| K. Evaluation | _____ | _____ | _____ |
| L. Equipment Purchase | _____ | _____ | _____ |
| M. Other _____ | _____ | _____ | _____ |
| <i>Subtotal Operating Expenses</i> | | | _____ = _____ |
| <i>Subtotal Personnel and Operating Expenses</i> | | | _____ = _____ |

III. INDIRECT**

| | | | | |
|--------------------------------------|---|-------|-------|----------|
| (Not to Exceed _____ % of Personnel) | + | _____ | _____ | _____ |
| <i>Grand Total (I, II & III)</i> | | | _____ | \$ _____ |

* FTE = Full-Time Equivalent

** Indirect Costs CANNOT Exceed 10% of Personnel Expenses

